

PATENT PROSECUTION RECEIPT OF FILING

139887

Venable Filing Number

Atty. Docket No: 42989-199768

Title of Application: METHOD AND APPARATUS FOR TRIMMING HAIR

Application No: 10/815,941

Patent No. :

Attorney/LAA: RPA:cja

PTO Due Date:

Current Date: May 22, 2007

Filing Date: April 2, 2004

Issue Date:

The following items were received from Venable LLP, Washington, D.C., by the U.S. Patent & Trademark Office on the date stamped hereon:

U.S. PTO FEES ENCLOSED

☒ **Transmittal Form SB-21**

☒ **Fee Transmittal Form SB-17**

New U.S. Patent Application

(____ pages of specification/claims)

Rule 53(d) Continued Prosecution Application

Rule 53(b) Continuation or Divisional Application

(attach copy of specification, claims, drawings and declaration)

U.S. National Stage Application of PCT Application

Request for Continued Examination (RCE) under 37 CFR 1.114

Application Data Sheet

Substitute Specification

Priority Document-Cert. Copy of

Appln.#: ____; Country: ____; Date Filed: ____

Formal Drawings (____ sheets, Figs.)

Inventor Declaration

Assignment w/Cover Sheet

Response to Notice to File Missing Parts

Response to Notice to File Missing Requirements

Response to Requirement

Information Disclosure Statement with cited references

Response

☒ **Amendment and Reply**

☒ **Amendment Transmittal Form**

☒ **Yellow filing receipt**

Petition to Revive

Notice of Appeal

Appeal Brief (in triplicate) / Reply Brief (in triplicate)

Request for Oral Hearing

Confirmation of Hearing Petition

Issue Fee Transmittal

Certificate of Correction

Maintenance Fee Transmittal

Status Inquiry

Other: (Please describe below)

____ Filing Fee

____ Search Fee

____ Examination Fee

____ Additional Claim Fee

____ Extension Fee

____ IDS Fee

____ Recordation Fee

____ Notice of Appeal Fee

____ Brief on Appeal

____ Oral Hearing Request Fee

____ Petition Fee

____ Issue Fee

____ Publication Fee

____ Other Fees (Describe)

0.00 **Total Fees Paid**

Charge the above fees as follows:

☐ **USPTO Deposit Account No. 22-0261**

☐ **USPTO Deposit Account No. _____**

☒ **USPTO not to charge any Deposit Account**

5/22/07

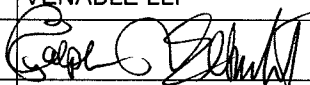
Date

Reviewed By

Signature of Attorney

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.


<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/815,941-Conf. #8948
		Filing Date	April 2, 2004
		First Named Inventor	Joseph K. Haley
		Art Unit	2683
		Examiner Name	K. M. Doan
Total Number of Pages in This Submission		Attorney Docket Number	42989-199768

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form SB-17 <input checked="" type="checkbox"/> Transmittal Form SB-21 <input checked="" type="checkbox"/> Amendment and Reply <input checked="" type="checkbox"/> Amendment Transmittal <input checked="" type="checkbox"/> Yellow filing receipt <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	VENABLE LLP		
Signature			
Printed name	Ralph P. Albrecht		
Date	May 22, 2007	Reg. No.	43,466

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007		Complete if Known Application Number 10/815,941-Conf. #8948 Filing Date April 2, 2004 First Named Inventor Joseph K. Haley Examiner Name K. M. Doan Art Unit 2683 Attorney Docket No. 42989-199768	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 0.00			

METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____			
<input type="checkbox"/> Deposit Account	Deposit Account Number: 22-0261			Deposit Account Name: Venable LLP			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee					
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments					
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description						Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims	
_____ - 20 = _____		x _____	= _____			Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
_____ - 3 = _____		x _____	= _____				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____ - 100 = _____	/50 = _____	(round up to a whole number) x _____		= _____			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): _____							

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	43,466
Name (Print/Type)	Ralph P. Albrecht	Telephone	(703) 760-1681
		Date	May 22, 2007

AMENDMENT TRANSMITTAL LETTER			Docket No. 42989-199768	
Application No. 10/815,941-Conf. #8948	Filing Date April 2, 2004	Examiner K. M. Doan	Art Unit 2683	

Applicant(s): Joseph K. Haley

Invention: **METHOD AND APPARATUS FOR TRIMMING HAIR**

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	16	- 20 =	0	x 50.00	0.00
Independent Claims	5	- 5 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

☒ Large Entity
 ☐ Small Entity

☒ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
 A duplicate copy of this sheet is enclosed.


☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ **The Director is hereby authorized to charge and credit Deposit Account No. 22-0261 as described below.**

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Ralph P. Albrecht
 Attorney/Agent Reg. No.: 43,466

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Dated: May 22, 2007

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